

Cybernetic Metabolism, (Dis)Embodiment, and the Freedom to Move

Developing a Framework for Analyzing Diabetes Wearables and their Associated Rhetorics

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Research Question

In what ways can theoretical perspectives be used to contextualize the lived experiences of people who use diabetes wearables and the rhetorics that attend those experiences?

Method(ology)

The research consists of a review and synthesis of relevant theories leading to a hybridized framework for studying diabetes wearables, such as insulin pumps and continuous glucose monitors (CGMs), and associated rhetorics.

Rhetoric of Health and Medicine

Segal (2005) provides a framework for the rhetorical analysis of health and medicine. Building on rhetorical theory, Segal proposes a model grounded in *kairos* for understanding medicine and medical texts; she provides insight into the rhetorical nature of a medical condition.

Embodiment

Meloncon (2012) states that “[w]hen embodiment incorporates technology, the body and its actions become technologically embodied” (p. 68). Diabetes is an embodied (and often invisible) condition, yet its modalities of treatment, by contrast, are often disembodied.

Agency

Straehle (2016) contrasts health agency with vulnerability, suggesting an inverse relationship between the two. The person with diabetes is inherently vulnerable—to judgment, to a host of medical and emotional complications, and without treatment to their own mortality. Through (dis)embodied technologies comes agency.

Disability Studies

Wilson and Lewiecki-Wilson (2001) discuss the intersection of embodied rhetorics and disability studies. They write of a need to expand the “definition of disability as exclusion and lack of agency” (p. 4) to one that is broad, allowing the “disability community to debate, contest, and change their preferred definitions of disability” (p. 10). People with diabetes form such definitions through complex social and intellectual dialogues.



Diabetes is a social, technological, and rhetorical disease. Social processes enable technological modalities to prolong the lives of people with diabetes. Social exchanges in person and in diabetes online communities (Arduser, 2017) allow people with diabetes to share experiences and build complex identities in a world where metabolic privilege is the default—in the workplace, in the academy, in interpersonal dynamics. The (dis)embodied technologies of diabetes wearables create a basis for constructing shared identities and enhancing agency. They give people with diabetes the freedom to move about the world in the bodies they inhabit and the freedom to move others to rethink diabetes. They compel new directions in the rhetoric of diabetes.

Cited sources: Arduser, L. (2017). *Living chronic: Agency and expertise in the rhetoric of diabetes*. Columbus, OH: Ohio State University Press. Meloncon, L. K. (2012). Toward a theory of technological embodiment. In L.K. Meloncon (Ed.), *Rhetorical accessibility: At the intersection of technical communication and disability studies*. (pp. 67-81). Amityville, NY: Baywood. Segal, J. (2005). *Health and the rhetoric of medicine*. Carbondale: Southern Illinois University Press. Straehle, C. (2016). Vulnerability, Health Agency and Capability to Health. *Bioethics*, 30(1), 34-40. Wilson, J. C., & Lewiecki-Wilson, C. (2001). *Embodied rhetorics: Disability in language and culture*. Carbondale: Southern Illinois University Press.

Prismatic body image from opendclipart.org (search term: body). Insulin pump image from wikimedia.org (search term: insulin pump; see <https://goo.gl/couWW7>).